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CONFIRMATION NO. 3867

SERIAL NUMBER 10/740,695	FILING DATE 12/18/2003 RULE	CLASS 600	GROUP ART UNIT 3736	ATTORNEY DOCKET NO. P214485
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/434,606 12/18/2002 ✓. VPS

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE ✓ VPS

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 03/27/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged <i>John Schacht</i> Examiner's Signature	Allowance VPS Initials	CANADA	5	27	6

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## TITLE

Systems and methods for detecting symptoms of hypoglycemia

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
RECEIVED		<i>John Schacht</i> VPS 12/21/05

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- 1.18 Fees ( Issue )
- Other \_\_\_\_\_
- Credit